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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/671,706			ing Date 29/2003	To be Mailed
	Al	PPLICATION A	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		l	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A			N/A			N/A	
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ = 1		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2: addit	If the specification and drawin sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()))												
* If	the difference in col	umn 1 is less than	r "0" in coli		TOTAL			TOTAL				
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	09/14/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 16	Minus	 20				x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))	• 3	Minus	 3		=		x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus			=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))									ı		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For M THIS SPACE is less than 30, enter "20". If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3".												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS